HHR Health and Human Rights Journal

MARCH 26, 2020

Living on the Edge: COVID-19 Adds to Distress and Discrimination of Indian Transgender Communities

Swarupa Deb

In this Viewpoint I draw attention to the distresses faced by the transgender community in India during the COVID-19 pandemic. I acknowledge the direct health risks of COVID-19 as well as related perils arising from discrimination. I also raise concerns not just about the lack of healthcare facilities, but also about the lack of dialogue and inclusion of transgender people regarding their healthcare.

Transgender people in India are deprived of right to healthcare entitlements because of their gender non-conformity.[1] The fear of being stigmatised and ridiculed by healthcare professionals discourages them from using healthcare services which is now leaving them at increased risk of not being tested or treated for COVID-19. Many transgender people in India lack education, and are excluded from society, which forces them into acute poverty and leaves them dependent on *dahnada* (sex work), *mangti* (begging), or *badhai*.[2] As a result they are now at increased risk of contracting COVID-19 because they are spending time in public places, cannot practice physical distancing and isolation, or recommended handwashing practices.

Members of the transgender community have expressed their fears at not being able to physically isolate. In India many in this community already have serious healthcare challenges related to HIV and now transgender children and older transgender persons who are at greater risk of the coronavirus infections are feeling extremely vulnerable given the lack of healthcare facilities available to them.

Seema, a transgender community member residing in West Bengal expressed her concern about coronavirus isolation wards saying, “If someone from our community gets infected, we will be quarantined at male or female wards against our choice of gender identity. This will further traumatize an already infected trans person.”[3] Rakhal, another transgender

HHR Health and Human Rights Journal

community member pointed out that "not only the infected trans person will have to deal with the physical and emotional trauma of being infected by the virus, but will also have to endure discrimination from the healthcare providers as well as fellow patients. It is better to die instead of going into the isolation ward for treatment."[4] As these quotes illustrate, a COVID-19 positive transgender person might encounter two-fold discrimination and intolerance, firstly because of their gender identity, then because of their COVID-19 positive status, which will expose them to violence and hate crimes. Their past experiences with the healthcare system might drive transgender community members away from reporting COVID-19 symptoms which will further spread the virus.

Despite the attempts made by the state and non-state actors, and international human rights law, the transgender community continues to experience discrimination in health care services. As a result, their right to healthcare is not respected, protected or fulfilled. The government of India has now closed public places and the country is under a national lockdown to prevent further spread. This will leave many trans community members unable to earn any money. These factors, if unaddressed, will likely result in a high COVID-19 fatality rate in the transgender community.

Ms Ranjita Sinha, a transgender community advocate from West Bengal has urged for separate LGBT COVID-19 isolation wards.[5] This would not, however, resolve the long standing problem of discrimination from healthcare professionals which itself reflects persistent bio-politics of gender-based exclusion and subordination within hospitals.

The discourse on transgender healthcare in India is largely focused on biomedical approaches that regard gender non-conformity as socially unacceptable. Health workers in India continue to treat gender incongruence as a psychological deviation.[6] Therefore, the convergence and intersection of body politics, social norms, bio-medical politics and the state, constructs a psycho-medical hegemony silencing and distorting the socio-psychological issues of the transgender communities in India.

Access to acceptable health care is a fundamental human right that is critically important, and often denied to transgender persons globally. In times such as now, with the COVID-19 pandemic, the consequences of the denial of this right are far reaching. Discrimination results in the systematic exclusion of transgender communities in India from healthcare. Times of crises are a test of society's tolerance and acceptance of difference. When the rest of the world is fighting the COVID-19 outbreak, the transgender community, especially in India, continues to struggle through the layers of discrimination and centuries of a different quarantine that has been imposed on them because of their gender identity outside the normative binary.

Swarupa Deb, PhD, is a lawyer practising at District and Sessions Judge Court, West Tripura, Agartala, India, and a freelance researcher and advocate associated with the transgender communities as an ally. Email: swarupa.deb@gmail.com.

Health and Human Rights Journal

References

[1] S. Sethi and M. Barwa, "Transgender Health and Their Rights in India," *International Journal of Research in Social Sciences* 8/10(1) (2018), pp. 279-288. Available at https://www.researchgate.net/publication/328718852_Transgender_Health_and_Their_Rights_in_India; V. Chankrapani, "Sex Change Operation and Feminising Procedures for Transgender Women in India," in N. Arvind, & V. Chandran (eds), Nothing *to Fix: Medicalization of Sexual Orientation and Gender Identity* (New Delhi: Sage, 2016), pp.137-159.

[2] The term *badhai* means greeting or blessing. It is associated with the traditional transgender community called *hijras'* perceived power to bless. The *hijras* often sing and dance while performing *badhai* to the newlyweds and the new-born ushering their blessing, upon which they are paid a sum of money called *bakshish*.

[3] Seema, personal communication, 15 March, 2020.

[4] Rakhal, personal communication, 15 March, 2020.

[5] S. Parveen, (2020, March 18). "Coronavirus: LGBT community demands separate isolation wards," Asia News International (March 18, 2020). Available at https://www.aninews.in/news/national/general-news/coronavirus-lgbt-community-demands-separate-isloation-wards20200318040746/.

[6] V. Chankrapani, "Sex Change Operation and Feminising Procedures for Transgender Women in India," in N. Arvind, & V. Chandran (eds), Nothing *to Fix: Medicalization of Sexual Orientation and Gender Identity* (New Delhi: Sage, 2016), pp.137-159.

Share this: Facebook Twitter LinkedIn Reddit

Categories: viewpoints

677 Huntington Avenue Boston, MA 02115 •
Health and Human Rights Journal

Harvard Human Rights Program • Contact Us • Harvard University Home • Make a Gift • Privacy Policy • Report Copyright Violation • Accessibility

Copyright © The President and Fellows of Harvard College